

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23685 (3)
1. Corporation Name
ROTARY CLUB OF PALM BAY, FLORIDA, INCORPORATED



Principal Place of Business: **2186 HARRIS AVE. N E. #2 PALM BAY FL 32905**
Mailing Address: **POST OFFICE BOX 060357 PALM BAY FL 32905-0357**

3. Date Incorporated or Qualified: **12/02/1987**
3a. Date of Last Report: **05/02/1995**
4. FEI Number: **59-1691565**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**HAMPTON, MIKE
3920 PONDEROSA RD.
VALKARIA FL 32905**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, MIKE	1.2 NAME	
STREET ADDRESS	3920 PONDEROSA RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	VALKARIA FL 32905	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, FRANK	2.2 NAME	
STREET ADDRESS	1098 MOHAWK AVE. N.W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32907	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, SAM	3.2 NAME	
STREET ADDRESS	567 PINETREE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL 32903	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, DAVE	4.2 NAME	
STREET ADDRESS	7350 TALONA AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32904	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, GARY	5.2 NAME	
STREET ADDRESS	170 SHERWOOD AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIVER, PATRICIA S	6.2 NAME	
STREET ADDRESS	6695 WHISPERING PINES LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	GRANT FL 32949	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia S Driver* **2-14-96** **407/984-7477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)